



SEAL BEACH RECREATION AND COMMUNITY SERVICES

Contract Class Instructor Application

MAIN OFFICE: (562) 431-2527 FAX: (562) 430-3498

Name: _____ Date: _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell: _____ Fax: _____

Which of the above numbers will you allow us to release to the public? _____

E-Mail: _____

1. Proposed class name: _____
2. Description of class (please write a 25- 40 word description of your class):

3. List reasons why we should offer this program (how your students will benefit):

4. Proposed start date: _____
5. Facility location preferred: _____
6. How many weeks will the class be taught? _____
7. Days and times you would like to teach:
1st choice: _____
2nd choice: _____
3rd choice: _____
8. Ages range of participants: _____
9. Number of participants you can accommodate: (Minimum) _____ (Maximum) _____
10. Student class fee: _____
11. Materials fee (if any): _____
12. When should we offer this class? ____Spring ____ Summer ____ Fall ____ Winter

Please enclose a brief bio and class outline along with your resume.

Mail to:

City of Seal Beach

Attention: Dana Kukuruda

Recreation & Community Services Department

211 Eighth Street

Seal Beach, CA 90740